



Health Care Authority



PEBB Outreach and Education Manager WMS Recruitment Announcement

OPENS: February 26, 2007
LOCATION: Lacey, Washington
SALARY: WMS Band 2: \$49,280 – 85,000 annually, depending on qualifications
CLOSES: Open until filled, first review March 26, 2007 (Early application encouraged)

DUTIES: Develops the Public Employees Benefits Board (PEBB) eligibility training plan including the scheduling of state-wide agency training, material development, establishing the principles for training and criteria of on-site agency training. Develops, implements, and monitors the training program's performance measures. Develops a system to ensure information provided to agencies is consistent and accurate. Establishes and maintains relationships with benefits officers and payroll staff within the supported agencies. Coordinates open enrollment benefit fairs activities.

Develops PEBB outreach plan, obtains approval of plan, and implements plan. Establishes, monitors and maintains the PEBB outreach performance measurement system. Creates systems and processes to ensure program meets target markets. Manages the Employer Group contracting process.

Supervises, monitors, mentors, and schedules staff within the outreach and training area. Leads efforts to ensure most appropriate technology is employed to support outreach and training efforts. Develops policies and procedures regarding training and outreach activities.

Approves certain communications between PEBB carriers and PEBB members/enrollees.

REQUIREMENTS:

- **Interpersonal Skills:** Demonstrated ability to earn the trust, respect and confidence of co-workers and customers through consistent honesty, forthrightness, responsibility, and professionalism in all interactions. Adapts to changing business needs, conditions and work responsibilities. Adjusts work habits and methods if needed to achieve successful solutions and results.
- **Written and Verbal Communication:** Demonstrates clear, timely, persuasive messages that positively influence the thoughts and actions of others both verbally and in writing.
- **Time Management:** Ability to multitask, manage competing priorities and meet deadlines.
- **Project Management Skills:** Organizes and leads projects in a complex environment and motivates individuals and groups to action.
- **Training Skills:** Knowledge of training principles; ability to develop and create the needed tools, materials, and resources; and ability to read and understand eligibly rules and develop and present materials based on the rules and policies.
- **Resourcefulness in Problem-Solving:** Uses intelligence, common sense, hard work and tenacity to solve particularly difficult or complex problems.

DESIRABLE QUALIFICATIONS:

- **A Bachelor's Degree.**
- **Program/Software Knowledge:** Proficiently use presentation software such as PowerPoint, Web casting, and video streaming. Experienced with Spreadsheet software such as EXCEL, and scheduling tools such as Outlook.

DESIRABLE QUALIFICATIONS (continued):

- **Business Plan Development:** Identify, design, and implement appropriate solutions to quality and workload problems in a timely and effective manner.
- **Research and Data Analysis Skills:** Accurately produce assessments of data findings and identify impacts to PEBB program.
- **Marketing Skills:** Ability to identify and create a comprehensive marketing effort.

Candidates must have ability and willingness to:

- Work well with others to achieve a common end or purpose.
- Work Monday through Friday, five days a week during regular business hours.
- Lift, carry, and transport training materials to training sites.
- Use a computer at times up to 80% of the workday in an office setting.
- Travel periodically statewide.

Candidates may apply by submitting the following packet of information:

1. A letter of interest with a detailed description of your experience in all of the areas listed in the Requirements/Desirable Qualifications sections;
2. A résumé listing names of employers, dates of employment, and degree(s) attained;
3. A minimum of three employment references, two supervisors and one client or customer;
4. The reference authorization form. (You may fax your signed form(s)).
5. The profile data sheet. Completion of this form is voluntary. Information gathered will be used for statistical purposes only and will be kept confidential.

Application Process: To be considered for the first review, applications must be received no later than 5:00 PM on March 23, 2007.

Mailing Address	Email Address and Fax	Contact Information
Health Care Authority Human Resources Office PO Box 42698 Olympia WA 98504-2698	Please use: <u>PEBB Outreach & Education Mgr</u> in the subject line <u>hrmb@hca.wa.gov</u> Fax: (360) 923-2604	Patti Scherer-Abear (360) 923-2734 TTY: (360) 923-2703

REFERENCE AUTHORIZATION FORM

To Whom It May Concern:

I, _____, authorize the Health Care Authority to contact my current and/or previous employers and anyone else appropriate in establishing my qualifications for the purposes of verification and reference. I knowingly and voluntarily release the State of Washington Health Care Authority, its individual employees, and all my former or present employers and their individual employees, from any and all known and unknown claims for damages or other relief arising out of the department's request for and receipt of employment information, unless my current or former employer is prohibited by state or federal law from disclosing the information that the department requests. This authorization includes review of state employee personnel files. Date_____

Printed name of applicant_____

Applicant's signature_____

Where did you hear about this job? HCA web Careers.wa.gov On-line Ad Mailing Associate

NOTE: A photocopy of this information shall be as valid as the original

The Health Care Authority vigorously pursues diversity in the workforce. Women, racial and ethnic minorities, persons of disability, and disabled and Vietnam-era veterans are encouraged to apply. Persons of disability needing assistance in the application process may call the Health Care Authority Human Resources Office at (360) 923-2819 or TTY (360) 923-2703. Applicants needing this announcement in an alternate format should contact our ADA Coordinator at (360) 923-2805 or TTY (360) 923-2701.

APPLICANT PROFILE DATA FORM

The information requested on this form is voluntary and is used for affirmative action purposes only. Ethnic minorities and persons of disability are covered in employment by various federal laws, which mandate Affirmative Action Plans for agencies receiving federal monies.

Name: _____ Date: _____

1. What race or culture do you consider yourself? If you are more than one race, please check "Other Race".

Aleut	Cambodian	Filipino	Hispanic	Korean	Spanish
Asian	Chinese	Guamanian	Indian	Laotian	Vietnamese
Black	Eskimo	Hawaiian	Japanese	Latino(a)	White

Other Race (specify indicate race or culture): _____

If you are more than one race, please also check "Multi-Racial" below and indicate your preference for Affirmative Action purposes:

Multi-Racial _____
(Affirmative Action Preference)

2. Are you: Male Female

3. Have you ever been on active duty in the U.S. Armed Services? Yes (if checked, see 3a and 3b) No

3a. Dates served: from: _____ to _____ 3b. Are you a disabled veteran? Yes (____ %) No

4. Do you have any physical, sensory, or mental condition that substantially (rather than slightly) limits any of your major life functions, such as: walking, speaking, seeing, hearing, breathing, working, learning, caring for oneself or performing manual tasks? Yes No

5. Do you have a physical, mental, or other health condition that has lasted six (6) or more months and which limits the kind or amount of work you can do at a job? Yes No

Date of Birth: _____ / _____ / _____

American Indian or Alaskan Native. A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Asian/Pacific Islander. A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, Japan, Korea, Pakistan, the Philippine Republic, and Samoa.

Black/African-American. A person with origins in any of the Black racial groups of Africa.

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorders such as mental functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled veteran. A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.